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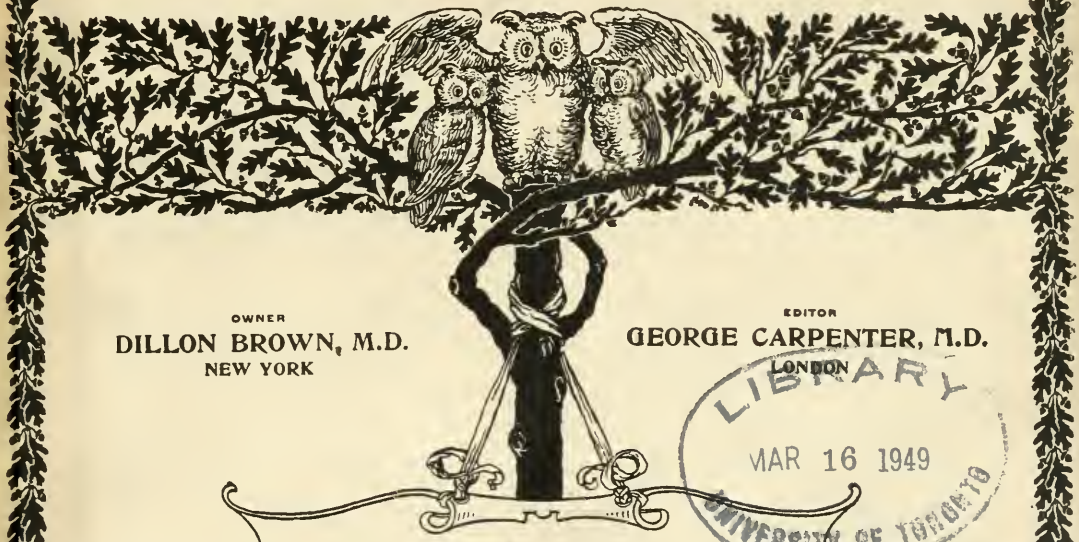

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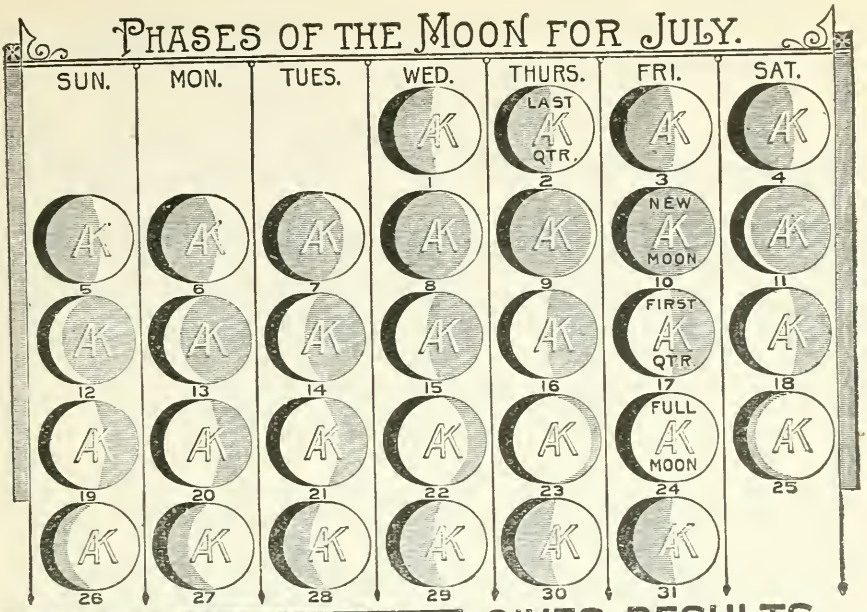

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Senior Surgeon National Orthopaedic Hospital, formerly Surgeon Victoria Hospital for Children, London.

THE diagnosis of Pott's disease of the spine is occasionally a matter of difficulty, especially so when the affection occurs under conditions which vary somewhat from those met with in the ordinary run of practice. The age of the patient not infrequently is a source of error, the nature of the resulting distortion of the spinal column may also lead the investigator astray, and again the general condition of the subject may be a deceiving element.

A child, from 2 to 8 years of age, of poor condition, with an absence of juvenile vitality both in facial expression and in bodily movement, protesting loudly against any rough handling during the process of being undressed, with a spine which, when bared for examination, exhibits a backward displacement, to a greater or less degree, in the middle or lower dorsal region of the column, in such guise perhaps 90 per cent. of the cases make their first appearance before the surgeon. The diagnosis of Pott's disease is here arrived at almost at a glance, but let there be but a slight variation in the details, and the too hasty observer may be easily deceived. A child, say, 4 years of age, is presented for examination, badly nourished, sluggish in movement, of downcast expression and fretful disposition, disinclined to play with his companions, and with a spine in which three or four of the spinous processes of the lower dorsal vertebrae are abnormally conspicuous. Here are symptoms, the age, the general condition and the existence of displacement of the spine

at a spot frequently selected by the affection, which may well induce the observer to decide that the case is one of Pott's disease. The chances are that such a decision will be correct, yet these surroundings may be in evidence unattended by any inflammatory disturbance of the spinal column. A weak atonic subject, deprived of nourishment from want of or from inability to properly assimilate food, living in a locality where pure air and a bright atmosphere seldom prevail, will acquire all the above conditions of health, and will frequently present the local displacement of the spinal column, which has been referred to, the displacement being due to laxity of the ligaments and want of elasticity of the inter-vertebral discs. The correct diagnosis under such circumstances is of the highest importance, since the treatment which will be proper for destructive inflammatory lesion will certainly tend to aggravate the condition of the relaxed spine, while methods suitable for the latter will be most inappropriate if applied to the former. The best indication to rely upon for arriving at the truth is the degree of mobility that is present at the spot where the vertebrae are displaced. When a change of an inflammatory nature occurs in the spine, the adjoining articulations lose their normal degree of mobility through reflex muscular contraction, just as happens in disease of any other joint of the body; in the lax spine of the atonic subject the mobility is, on the contrary, considerably increased, the displacement of the vertebrae backwards being caused simply by the superincumbent weight forcing out of place one or more vertebrae, which are badly braced together. Of course, there is no structural change approaching dislocation, but merely a reversal of the normal anterior curve of the spine in this part. The state of mobility of the different vertebrae can be correctly estimated by laying the palm of the hand and fingers along the suspected region when the spine is bent forward, and then directing the subject to come to the upright position. In a healthy or abnormally mobile spine the separate vertebrae will be felt moving independently one upon another as the column is straightened; if active disease is present, three or four of the bones will move in one mass without any play between them. This is a reliable method of investigation, and is easily applied to ascertain the true nature of these cases. It must be explained that it is only when the spine is being moved by the muscular efforts of the subject that reflex spasm comes into action to assist the surgeon in his examination. To lay the patient in the prone position on a couch and then press with the hand against the displaced vertebrae is useless; under such conditions mobility may be, and probably will be,

present even in a case of Pott's disease. The facial expression may also be taken as a guide to help the diagnosis, for a child with disease of the spine not only lacks brightness but exhibits a look of anxiety, while the weak, ill-nourished patient simply displays a countenance of sluggish indifference. When doubt exists as to the true nature of the case, it is advisable to treat the patient for Pott's disease and wait for further developments. If no structural disease of an active character exists, the condition of the patient will become worse under the influence of those protective measures, which are adopted to place the spine in a state of rest, on which point an instructive case will be of use for illustration. A child, 6 years of age, living in a large town, feebly nourished, with wasted and flabby tissues, had marked displacement of the lower dorsal vertebrae, the spinous processes being pushed directly backward. Vertebral caries was diagnosed, a spinal support was applied, and directions given as to general treatment ; the patient did not improve, and recumbency was ordered; further aggravation of the symptoms followed, and the use of a prone couch was decided upon. The parents, having expended a considerable sum on the spinal appliance, a special perambulator and other things, decided to seek further advice. The mechanical treatment was stopped, the child was sent to reside with some relatives in the country, living on chalk downs a few miles from and two or three hundred feet above the level of the sea ; careful dietary was insisted upon, out-of-door life, with a gradually increasing amount of exercise were advised, and in three weeks' time the sickly town child had become a robust little country lass. Here the mistake in the first instance was such as the most careful investigator might well achieve, but the persistence in wrong treatment was scarcely excusable. With these difficult cases it is, therefore, necessary to be very guarded as to the opinion expressed at the first examination, even if pretty well assured that no disease is present it is desirable to give general directions, and insist upon seeing the patient again after the lapse of a fortnight or three weeks, when a correct diagnosis will be obtained without difficulty.

The close simulation of Pott's disease of the spine by a slight bending backwards of the lower dorsal and lumbar vertebrae due to laxity of the ligaments, has been described, and it was pointed out how, by testing the mobility of the column, the two conditions might be distinguished one from the other. The lower part of the spine may, however, be affected in such manner as to render it a task of much difficulty to form a correct diagnosis of the vertebral lesion, and to decide whether the case be one of Pott's

disease or of lateral curvature. In the large majority of cases of Pott's disease destruction of the bodies of the vertebrae results in a displacement of the posterior segments directly backwards, but occasionally the bodies are eroded on one or other side and the spine becomes displaced in a lateral direction opposite to that of the seat of disease. This lateral deviation is very seldom developed in the upper part of the spinal column; its favorite seat is in the lower dorsal and lumbar regions; again, the lesion is of slow development, never accompanied by rapid destruction, and makes its appearance at a later period of life than is usual with vertebral caries, the patient being generally 12 or more years of age; moreover it is not accompanied by any notable disturbance of the general health. Now, there is a variety of lateral curvature which almost exactly resembles such a condition of Pott's disease; instead of double displacement of the spine, to the one side in the upper part of column and to the opposite side in the lower, there is sometimes developed a slight lateral curve in the lumbar region only, accompanied by a very marked rotation of the vertebrae, this rotation being the chief feature of the deformity. As with the more common form of double lateral curvature this state of deformity usually commences at about the age of twelve or fourteen years, and the general health is fairly good; such cases being on all fours with the condition of Pott's disease above described.

When seen in the early stages these two varieties of spinal affection may be distinguished from each other by the column being abnormally rigid in the cases of vertebral caries and but little disturbed as to this characteristic in lateral curvature; but when, as too frequently happens, owing to the chronic nature of the lesion, the patient is not seen until the case is in an advanced stage, the spine with lateral curvature also becomes rigid and it is extremely difficult, in some cases it is imposible, to tell the one affection from the other—of course if complications peculiar to Pott's disease arise, such as lumbar abscess, paralysis, or other indication of nerve disturbance, then the matter is cleared up; if the subject happily escapes these further troubles there is very little to guide the surgeon to a correct diagnosis. The writer has had a patient under observation for about eight years with lateral displacement of the lower part of the spine, and cannot now decide as to what is the true nature of the lesion; the girl has been treated for Pott's disease, but has had no serious symptoms of any kind, and all the indications are quite consistent with the existence of slight lateral curvature with advanced rotation of the vertebrae. In another case, which

although it occurred in an adult may be noted in passing, the indications were such as to lead the writer to diagnose the existence of lateral curvature, the robust state of health which the subject enjoyed favoring this view of the case, but symptoms of nerve disturbance appeared later which proved clearly that a mistake had been made and that Pott's disease was present. With a doubtful case the safer course is to treat the subject as for the more serious lesion and to carefully guard the spine from all influences likely to promote the advance of inflammatory disease.

An error of diagnosis is likely to be committed when caries of the vertebrae is unaccompanied by distortion of the spine—"Angular Curvature"—that unfortunate and contradictory term, which was for a long time accepted as a synonym for vertebral caries, has much to answer for as a misleading expression, apart from its scientific absurdity. It is quite as possible to have a state of advanced vertebral caries without angular displacement as it is impossible to delineate a curved angle. Here again, as in the cases last referred to, the lesion is subacute or chronic in its nature, the subjects are adolescents or adults, the general health is usually fairly good, but unlike the other cases there are no marked symptoms which shall direct attention to the vertebral column as the seat of disease. The destructive disease is always superficial and affects three or more vertebrae, none of the bodies being sufficiently destroyed to cause backward displacement of their posterior segments. An unusual feature of this variety of Pott's disease is that when any prominent symptoms do appear they are such as are exceedingly likely to mislead the surgeon. A youth whom the writer saw had suffered for more than two years with severe abdominal pains of a colicy nature, together with extreme pain in the course of the left ureter. Some oxalate of lime crystals were found in the urine, and there was much dispute as to whether the case was one of renal or intestinal trouble. At last his father, a well-known physician in London, suspected that the spine might be affected, and asked me to examine his son. I found the lower dorsal vertebrae were wanting in mobility and that there was some flattening of the normal anterior lumbar curve. He was treated as for Pott's disease, the spasms of pain recurred only once, and he apparently made a complete recovery. However, a psoas abscess appeared later, the collection of pus being evidently of old formation, which had gradually descended down the sheath of the muscle on the patient leading a more active life when relieved of the more distressing symptoms from which he had previously suffered. Another case came under notice in which the symptoms had

consisted of severe pain in the loins and lower extremities, chronic rheumatism had been diagnosed and various medical springs had been visited to obtain relief. Here again rigidity of the spine was detected, and the patient was advantageously treated as for Pott's disease. He was lost sight of for a time; at length an inquiry came from another practitioner to know what had been wrong, and the information that vertebral caries had existed was received with incredulity. Unfortunately for the subject the diagnosis was confirmed by the appearance of an abscess in the lumbar region. A very similar case in an adult, aged 65 years, is now in the National Orthopedic Hospital. This man, a coachman, had been refused club relief because he was certified as suffering from chronic rheumatism ; caries of the mid-dorsal vertebrae was diagnosed at the hospital, a large psoas abscess afterwards developed, and the patient for a time progressed very well ; he is now moribund, with senile gangrene and paraplegia. It is somewhat remarkable that in these cases of superficial caries, without deformity, the development of lumbar or psoas abscess should be a very frequent result of the disease ; also it is worthy of notice that the sensory nerves are affected by the disease, the motor nerves either escaping altogether or becoming affected at a later stage.

The diagnosis of Pott's disease in the advanced stages is an easy matter, unless the affection assumes certain characters which have been described, but in the early period of the disease, before any visible change has occurred in the column, its presence may be overlooked. The evidence on which we have to rely for detection of the malady consists chiefly of the general appearance of the patient, local pain, interference with normal mobility of the column, and the history of the case. As to the latter, the existence of tubercular disease in the family of the subject, and the record of an accident, are two points which have generally been regarded as of considerable importance. Should the patient also complain of pain in any part of the spinal column, these three facts combined are pretty sure to be accepted as clear proofs of commencing vertebral caries. But no one of these separate conditions is strictly reliable as evidence, and therefore the saying as to the strength of a chain must be held in regard when estimating their value as a combination. Very few families, at any rate in England, could successfully pass a searching inquiry without showing traces of tuberculosis amongst one or more of its members. Again, traumatic influence must not be accepted as of much importance, since children are in the habit of falling and tumbling about, and there

can be no difficulty in obtaining a history of previous damage in all cases of Pott's disease, as also concerning every child who is not affected with that complaint. Local pain is a suspicious symptom when complained of over a very limited area and always referred to the same spot, but even then it is not an infallible sign. The writer had under observation for nearly two years a child five years of age, whose mother had died of phthisis, who had, from a height of about ten feet, fallen upon a gravel path, and three months afterwards complained of pain over the fifth and sixth dorsal vertebrae. He was not treated for Pott's disease, and never exhibited any other symptoms of that disorder. In this case the evidence that vertebral caries was about to develop was not accepted, because the child's movements were free and unrestricted, and also a normal degree of mobility was retained in every part of the spinal column. To these two points attention should be chiefly directed in determining what is the condition of a suspected spine; should immobility between two or more vertebrae be detected at any spot, it may in the cases of young children be accepted as a certain indication of commencing inflammatory mischief, either of the bones or of the intervertebral cartilages. It requires a little practice to detect this local rigidity, and the observer should first make himself acquainted with the normal movements by examining the spine of a healthy subject. The gradual unfolding of the spinous processes under the palm of the hand, placed along the spine as the child stoops, and their closing together one upon another as the erect position is assumed, are very characteristic movements; once familiar with these, the slightest absence of play between two or more vertebrae will be detected with certainty.

There is a peculiar facial expression associated with Pott's disease which it is difficult to describe in words; it may, perhaps, be best defined as one of alert anxiety. The child appears to be apprehensive of and ready to avoid sudden movement of any kind. Attendants of examination rooms at the hospitals will have noticed how a parent will grasp a child by the arm and hurry him quickly forward to the surgeon; from such handling, and from similar actions, the victim of Pott's disease will be ready to protect himself, and that without any violent struggling such as other children display merely from fear of what may be going to happen to them. To this feature, and to the presence of local rigidity in the spine, especial attention should be given, and when detected, they may be received as a positive indication of commencing inflammatory mischief in young children.

A CASE OF PRIMARY MYOPATHY IN THE FORM OF MUSCULAR PSEUDO-HYPERTROPHY.

By Joseph Collins, M.D.,
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THE adjoining illustration portrays graphically a most striking example of that form of primary myopathy or primary muscular distrophy known as pseudo-hypertrophic muscular paralysis or muscular pseudo-hypertrophy, a disease which is now fairly well understood, easy of recognition and of classification, although it is but recently that this knowledge has been given to us. This patient is ten years old, the son of Russian-Jewish parentage, and is the youngest of three brothers, all of which are victims to this disease. His two brothers, the oldest being now 17 and the next approaching 15, are in more advanced stages of the disease, the former being in the atrophic stage, which follows the pseudo-hypertrophy, entirely unable to move and with very deformed extremities. The next brother is gradually approaching the physical and mental state of the elder brother. There is no history of a similar trouble to be obtained in the parents' family. This patient is the fifth of six children, the eldest of whom is a girl 20 years old, in good health. Two other male members of the family died in early infancy, one of them from tuberculosis and the other from unknown causes.

This boy began to walk when he was about 2 years old and to talk at about the same time. When he was 5 years old his mother says that he walked very well, although she remembers that the other brothers walked badly from their third year. After the tenth year this little patient began to have more and more difficulty in locomotion, particularly if on other than a level ground, and now he is barely able to waddle, a word which describes typically the gait of these patients, alone. Examination shows the characteristic gait, and when the clothing is removed the striking appearance not alone of the body but of the face. The latter shows the gentle, dreamy, staring expression or absence of expression, which has been fittingly (?) called angelic. The eyelids droop lazily, the alæ of the nose almost motionless in respiration, the lips are in the lightest juxtaposition, and when the patient speaks there is no associated facial movements. He stands with feet wide apart, back hollowed and abdomen thrown forward; the moment he moves the uncertainty of his position and gait is at once manifest. The calves are abnormally hypertrophied and likewise the thighs, the latter to a

FIG. 1. Muscular Pseudo-Hypertrophy.

FIG. 2. Muscular Pseudo-Hypertrophy.

lesser extent. The shoulders and upper arm muscles, which were formerly hypertrophied, are now in an atrophic state. The atrophy is particularly manifest in the lower part of the deltoid, the upper part being still somewhat hypertrophic. Myotatic irritability is so diminished that all the deep seated reflexes are lost. There are no sensory disturbances, and the special senses seem to be intact. Until recently the child has gone to school and has been able to make some progress, but latterly the mind does not seem to unfold as it does in children of corresponding years. When the child attempts to go up and down stairs, or to climb in any way, then it is apparent how helpless he is. But this is made more striking still when he essays to rise from the flat posture; he first turns on the side, then completely over, at the same time drawing up the knees, after which he flexes the elbows and rests on them. The proceedings, from this time on, consist of straightening the arms, which naturally elevates the body from the floor, and then he completes the extension of the body by gradually approximating the hands to the lower part of the leg, and after he has succeeded in getting them there he extends the body by crawling with his hands up the legs until, when they have reached the upper part of the thigh, a quick backward movement of the head establishes the perpendicular.

Electric examination shows a response to the galvanic current in all the muscles, the atrophied and the hypertrophied alike; in the former there is quantitated diminution.

He has been under very constant observation and treatment for the past two years, and unfortunately the disease seems to be, as it is in all of these cases, gradually progressing. By way of treatment he has had the diligent and persistent application of electricity in the shape of galvanism, a form of treatment which never does any real good in all probability, and a faithful administration of all those substances that tend to keep up good nutrition. A theory has been advanced in the explanation of this disease that postulates changes or premature atrophy in the thymus gland as the causative, and experimentally the extract of the thymus gland has been given to him with considerable persistence, but with no benefit. The disease is really a true tropho-neurosis, the result of or consequent on defective protal formation in the trophic centers, and its cure lies in its prevention.

In remarking on this case it is perhaps superfluous to say that the disease affects the male child more often than the female, that the familiary evidence is always to be obtained, and that the disease is transmitted invariably through the mother, and that eventually the disease may terminate after a variable time, from ten to twenty years, in the juvenile form of progressive muscular atrophy and generally with great deformity, or in death from intercurrent disease or gradual dissolution.

PEDIATRIC THERAPEUTICS AS PROVEN BY EXPERIENCE.*

By John A. Larrabee, M.D.,
Professor of Diseases of Children in the Hospital School of Medicine, Louisville, Ky.

"*Prove all things, hold fast that which is good.*"

IT occurred to me that, as we meet in these delightful reunions like soldiers around our camp-fires, to discuss the strategic approach of the common enemy of man and learn more of the habits of disease, we might also derive profit from a careful examination of our weapons and while we recount our hand-to-hand encounters we might "pick our flints and sift our powder."

The necessity of therapeutic retrospection is rendered more imperative by the polypharmacy of the age in which we live. New remedies are multiplied with such rapidity that the "up-to-date" doctor must needs be a stirring man.

Theories born of the hour, dressed in the gaudy colors of their ambitious projectors succeed each other upon the stage with the rapidity of a moving panorama, but ere they dissolve "in the viewless air" others equally plausible are launched to share a similar fate. The modern doctor's office becomes a veritable receptacle of the most incongruous concoctions, while Greek and Latin lexicons are ransacked for affixes and suffixes which shall suggest to him a pharmacist's therapeutics. The regular practitioner is in danger of lapsing into a selector of proprietary medicines. Bottles containing elements from the three kingdoms are made to suit a case in which perhaps one of the ingredients is indicated. Toxines, heil-serum and antitoxins are now so arranged that like Artemus Ward's celebrated wax figures they will do for several different conditions at the same time. The Loeffler bacillus and the streptococcus of erysipelas may do well together in harmony in one bottle so that if it should turn out that the patient had something else it would be equally suitable for either one or for both. It is not my purpose to bring reproach upon our ally, the pharmacist, to whom we are greatly indebted for very many elegant compounds. I desire, however, to emphasize the importance of prescribing simple and single medicines for their effect based upon their physiological action. This administration of medicines with a correct knowledge of the length of time required for their elimination is an important matter in infantile therapeutics. I am satisfied from long and careful ob-

* Read before the American Medical Association, at Atlanta, Ga., May, 1896.

servation that, in the great majority of instances, the directions given on the phials and powders dispensed are based upon an arbitrary division of time rather than upon a scientific foundation. I frequently see such errors as this—carbonate of ammonia in full therapeutic doses given every 4 hours, or an opiate given every 2 hours. An opiate is seldom indicated in infancy, but when necessary it must be remembered that its elimination is slow and uncertain, that both secretion and excretion are checked by it and that fatal narcotism may be produced by a perfectly legitimate dose if given at short intervals. Most of the fatalities from opiates in my experience have been thus produced.

Another matter of scarcely less importance is the value of small and frequently repeated doses. There is a therapeutic and a toxic effect to all medicines. These effects vary greatly with the dose, so that we may obtain widely different results from the same drug. A dose of tincture of aconite may be said to be two minims. A dose of arseniate of copper may be from 1-100 to a 1-50 of a grain; but these doses when spread over the 24 hours may have a beneficial effect, when a single full dose would fail entirely in therapeutical effect.

I have obtained most beneficial results in entero-colitis from 1-100 of a grain of arseniate of copper in a four ounce solution, using a teaspoonful every 15 minutes. A ¼ grain of tartar emetic dissolved in a pint of water, a teaspoonful every half hour, has controlled cerebral symptoms when the toxic dose would have increased the discomfort of the patient. In acute tonsilitis small and frequently repeated doses of aconite and belladonna have been successful.

Another reason for the necessity of comparing notes in therapeutics is that whatever may be said of the advance in medicine and the strides made in pathology, the practice of medicine will always be empirical. We give medicines for the cure of disease for the reason that they have been found beneficial and not from any a priori reasoning. No amount of philosophy would have suggested quinine for ague, colchicum for gout or the salicylates for rheumatism.

Therapeutic Incompatibilities.—Perhaps one of the most pernicious outgrowths of polypharmacy is the compounding in mixtures or tablets of medicines diametrically opposed in physiological action. I desire here to make a plea for simples as against compounds. Suppose it should be thought necessary to give a

heart stimulant. We review the fixed physiological action of the cardiac drugs. Digitalis for arterial recoil; strophanthus for ganglionic stimulation; cactina for disturbed rhythmical action; nitroglycerine for aspiration of the over full ventricle; belladonna to impress the check nerve and to stimulate the sympathetic; strychnia for a stimulant to the spinal cord. How absurd to have one tablet containing all of these drugs. When digitalis is indicated, nitroglycerine is contra-indicated. Suppose you really want nitroglycerine or amyl nitrites, how much benefit do you suppose you would get in a tablet a week old? But of all heterogeneous compounds, cough mixtures and expectorant tablets are the most absurd. We have in one mixture astringents for relaxed mucous membrane; ipecac to promote expectoration and opium to check it; senega to stimulate; aconite to quiet, and hyoscyamus and squills with an alkali. The fact must necessarily dawn upon every intelligent practitioner that he is gradually losing the art of prescribing.

Antiseptics.—The value of antiseptic medication is becoming better established year by year. The feebler digestive power renders childhood a very fertile field for fermentation, and consequently ptomain poisoning. By far the most frequent departures from health are connected with disturbances in the alimentary tract, giving rise to sudden high temperature and often grave disturbances of the nervous system. To inhibit such action or correct the consequences, constitute an important field in pediatrics. In infants with lactic acid fermentation in the stomach, or with putrefactive changes in the intestines, listerine and boro-lyptol are excellent, after removal of the cause by enemata and purgation. Carbolic acid is held in widely different repute by physicians, because in the majority of instances in which it is prescribed, we obtain a partially oxidized product. Great care is necessary to obtain a pure and nascent phenic acid. In the preparation of De Clat, the phenic acid is retained in its nascent state by a heavy syrup. Salol, at one time believed to be the ideal intestinal antiseptic, must be used with caution.

Guaiacol has proven to be an ideal intestinal antiseptic. A pure preparation has had a faithful trial in my practice for the last year. It has stood the test of time and has done good service in typhoid fever as an apyretic, in ameliorating unpleasant symptoms, and in hastening recovery. It has been my custom to give the mercurous chloride in small and frequently repeated doses, and to give the guaiacol in strong mint water, preferably creme de ment, every three hours. In cases of very high temperature I apply it locally

over an area of several inches. A rapid and often marvelous effect upon the temperature usually follows.

Since we have been able to distinguish the so-called remittent fever of childhood from malarial fever, and classify it, where it has always belonged, with typhoid fever, we have been able to make earlier diagnoses and consequently give better treatment. Many physicians are content with the so-called expectant plan in enteric fever ; but it appears to me better to prevent complications from arising.

The opposition to the so-called Woodbridge plan of treatment has, as I predicted, resulted in the establishing of the truth of his claims so far as intestinal antisepsis is concerned, although the claim to priority in this treatment may properly be questioned, as it is difficult to understand how the principal agent used by Dr. Woodbridge should have been used by him ten years prior to its discovery. The turpentine plan of the Eder Woods, the creosote plan of still greater antiquity, are all attempts in the same direction, and it is a question if any one of these, faithfully carried out, would not be equally advantageous.

Coal Tar Products.—The introduction of the so-called antipyretics for the reduction of high temperature was hailed with delight and in a short time they supplanted all other methods, until by their injudicious use some were willing to discard them entirely from infantile therapeutics. Here, as everywhere, truth is found between the extremes. They must be used in small doses, and their greatest value has been for the relief of pain, having largely supplanted opium for this purpose. It would be hard to overestimate the good they have accomplished in driving from the nursery this harmful drug. The result of my experience is that they are indispensable agents in infantile therapeutics.

Diphtheria Antitoxin.—I am satisfied that by the use of antitoxin I have saved cases of diphtheria which otherwise would have died. I am also satisfied that I have seen deaths after antitoxin that were not due to diphtheria. I have also witnessed after antitoxin injections the cutaneous eruptions and joint affections not ordinarily attributed to diphtheria. To be effectual, my experience agrees with others that it must be used early. The fact that the treatment enables the practitioner to dispense with throat swabbings, sprayings and other local applications is of no small importance in practice among children. I have seen the dreaded laryngeal stenosis yield to the serum treatment without instrumental interference

My practice has proven that it is not a specific for diphtheria but that it is an agent of great value.

Asafoetida.—My excuse for calling attention to such a well known nursery remedy is that in the multiplicity of diffusible stimulants it is apt to be overlooked. The tincture, combined with milk of magnesia, is the best remedy for the distressing colic due to intestinal acidity and constipation; its administration by mouth and its evacuation by anus is of diagnostic value in suspected obstruction or intussusception. In catarrhal pneumonia or capillary bronchitis it is exceedingly valuable, given in alkaline or soapy enemata, as a diffusible stimulant.

Emetics.—In pediatric therapeutics emetics have fallen into undeserved discredit. As a consequence stomach-washing has grown into favor. This latter plan is no more effectual, and is attended by considerable difficulty and is not entirely free from danger. Over-eating is a frequent condition, and for it small doses of calomel, followed, if necessary, by a cathartic, are in favor; but an emetic with copious draughts of luke-warm water will do the work at once. I have so often seen school headaches treated by bromides that it seems to me we have drifted from our therapeutic principles. Non-depressing emetics are of great value in preventing atelectasis in infantile bronchitis and in pertussis. Turpeth mineral answers the purpose so well, and the dose required so small and convenient, that it has supplanted all other irritant emetics. In catarrhal laryngitis and tonsilitis cynache nauseant emetics are indicated, bu syrup of ipecac should be discarded as slow, uncertain and ineffectual. The wine is made from the fluid extract, and can be depended upon. Antimony should be banished from the nursery, although in children it is often more beneficial in controlling brain symptoms in meningitis, and such inflammations as orchitis and parotiditis, than either aconite or veratrum. A good plan is to give 1-200 to 1-150 of a grain every half hour until slight nausea is produced.

Hydrotherapy.—As a procedure, endorsed by all physicians and practiced by few, notwithstanding its great advantages it is overlooked too often. The wet pack at a temperature of 98½° is preferable to emersion, and is applicable to all febrile disturbances. In convulsions, ushering in some of the exanthemata, the best results follow the long-continued pack. In the cerebral form of pneumonia, the pack is also preferable to the bath. For this purpose the child should be stripped. A sheet, folded to correspond to the length of the body and wrung out of hot water, should be placed upon a light

woolen blanket. The child is then rolled up like a mummy and the woolen cover closely applied over all. It is not sufficient to say that water is allowed infants in all acute febrile diseases ; but it must be urged to take it freely. In bronchitis and pneumonia, water is the only expectorant required, and must be given without stint.

Belladonna.—In order to obtain the desired effect from belladonna, very small doses should be given at frequent intervals. When given in this manner in fevers or hypodermatically in cholera infantum and pernicious intermittent fevers, it has proved a most valuable remedy. As a stimulant to the respiratory nerve centers it has a place in pneumonia, and in enuresis it gives excellent results, if the doses are increased until a toxic effect is obtained. This is also true in the treatment of pertussis with belladonna. To augment peristalsis, it should be used in suspected fœcal or mechanical obstruction of the bowel. In the so-called spurious hydrocephalus, it is beneficial in maintaining cerebral vitality. I have many times by its use averted coma in typhoid fever after Cheyne Stokes respiration was present.

TWO FATAL CASES OF HEART DISEASE IN WHICH THE CARDIAC MUSCLE WAS ALONE INVOLVED.

By George Carpenter, M. D.,
London,
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ELLEN MARY B., aet. 9 years, was admitted under my care at the Evelina Hospital on Sept. 2, 1895, with the following account. She had always been a delicate child. About January her abdomen began to swell and continued to gradually increase in size. She suffered from shortness of breath. Her mother gave the following account which, for convenience, I epitomize: "Pain in epigastrium after food"; "getting thin"; "passed green colored urine for a fortnight"; "brought up a little blood from the stomach now and then"; "used to get blue in the face, suffer from shortness of breath and want to sit down after a little exertion"; "complains of her heart."

A brother and sister died from "dropsy and large livers." Her father was in an asylum and suffered from heart disease.

On admission, she was found to be a bright, rosy-cheeked child, well nourished, and with an obviously pulsating liver. She was not dropsical. Her pulse was 112 to the minute, the respirations 46 to the minute, and her temperature was normal. The urine was free from albumin and her bowels confined.

Heart.—The impulse was not very defined; it was in the fourth interspace, one-half an inch outside the nipple line and a suspicion of a thrill was detected there.

The area of dullness commenced at the third left costal cartilage and extended one-half an inch to the right of the right sternal margin. A bruit was not detected.

Lungs.—No abnormal sounds were heard.

Liver.—The liver was not painful to touch. Its free edge was a hand's breadth below the costal margin in the nipple line and showed marked pulsation.

Spleen.—The spleen was not enlarged.

A regurgitant venous pulse was detected in the veins of the neck. She was ordered a mixture containing 10 minims of tincture of digitalis every 6 hours, her bowels having been previously opened by an ounce of compound senna draught, and she was placed on a milk diet. Whilst under observation she slept well and took her milk well. Once she complained of abdominal pain. On several

occasions she said her left leg hurt her. She had paroxysmal attacks of facial cyanosis, sometimes her lips were blue and sometimes the face was flushed. The highest pulse record was 120 to the minute and the most frequent number of respirations 46 to the minute, on admission; but they were found to be irregular on the 9th of September. On this date a note appears to the effect that the pulsation of the liver was not so marked and the liver dullness was not so low. Several examinations of the urine had been made, but with a negative result.

At 8.45 p. m. on the 11th she suddenly became worse, the limbs were rigid, the eyes fixed and the face very blue. The pulse at this time was imperceptible at the wrist and, in spite of hypodermic injections of brandy and other cardiac stimulants which were administered, she did not improve and died ten minutes later.

Autopsy.—The lungs were intensely dropsical. The pericardium contained about three ounces of clear fluid. The heart weighed nine ounces. The left ventricular wall was pale, hypertrophied, and showed tabby-cat striation. The left auricle was dilated, thin and pale. The endocardium was smooth, but opaque and puckered as though from underlying mischief. The mitral valve showed haemorrhages at the root and in the valve itself. The aorta presented patches of atheroma above the left coronary artery. The mitral valve admitted three fingers. The right ventricle was considerably dilated, pale, and showed tabby-cat striation. The right auricle also was much dilated and its muscle pale.

The peritoneal cavity contained about half an ounce of fluid.

The liver, which was "nutmeg," weighed two pounds fourteen ounces.

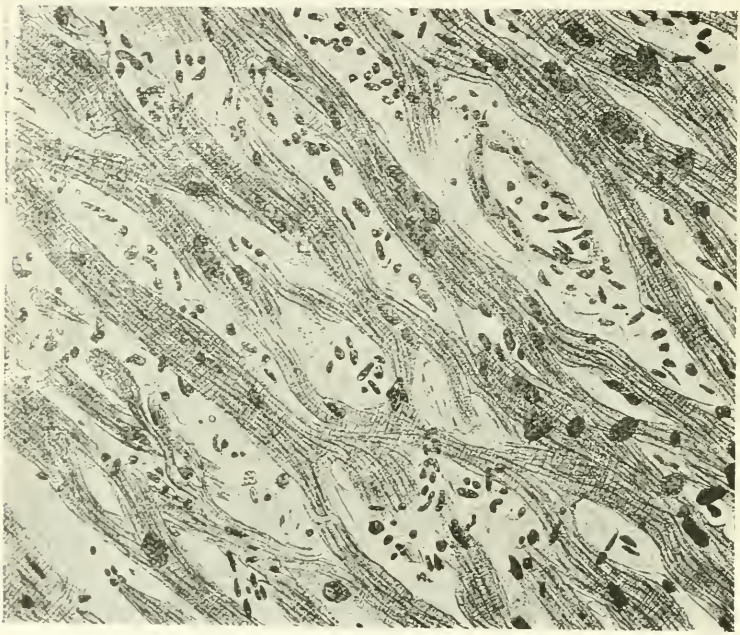
The kidneys, which weighed seven and a half ounces, were much injected; they were hard, leathery, and very heavy, the capsule stripped readily and the glomeruli was seen to be much injected and the vessels of the medulla stood out prominently.

The spleen was not enlarged; the malpighian bodies stood out prominent and white.

The stomach was chronically congested.

Microscopy.—A specimen was examined which had been preserved in alcohol for some weeks. The muscular fibres, for the most part, showed peculiarly well marked finely granular striae arranged longitudinally; in places the transverse striae were well or fairly well marked, but in others they required very careful focusing for their detection. Transverse striation showed to better advantage in picrocarmine stained specimens than in those treated

with logwood. On the other hand, though quite exceptionally, some fibres, or portions of a fibre, had a markedly ground glass appearance with obliteration of all striation. Accentuation of longitudinal striation and faintness, or absence even, of transverse striation seemed the prevailing characteristic. The muscle corpuscles with but few exceptions stained readily everywhere and many of them were very large and prominent. Certain microscopical fields showed



Myocarditis.

an abundance of vessels ; occasionally a small vein was found between the muscular bundles surrounded by a crowd of white corpuscles. Slight, or an easily recognized, increase of nucleation of the intermuscular areolar tissue, with readily detected diapedesis of white corpuscles from the neighboring capillaries, was noticed throughout, together with proliferated areolar tissue cells, but here again areas were found where this had not occurred and the nuclei were quite within normal limits. Specimens stained with osmic

acid were unaffected. The pericardium and the endocardium were free from abnormality.

Louisa J——, aet. 8 years, came under my care at the Evelina Hospital on August the 25th, with the following history.

She was in perfect health until two months previously, since when she had complained of aching pains in the limbs. When she had been ill about a fortnight choreic movements of the left side were observed and these increased in severity. She also developed a cough, and began to waste. A week before I saw her her left arm and foot began to swell, and she complained of pains in the limbs. A history of rheumatism in the family could not be obtained, but one of her sisters had died of consumption.

On coming under my care her condition was as follows:

There was oedema, and redness over the back of the left hand and wrist, and over the dorsum of the left foot and corresponding ankle. These parts were excessively tender when touched. A slight effusion was found in the left knee joint. So painful were her joints that, her mother said, she was unable to sleep. Her pulse was 120 to the minute, the respirations 44 to the minute, and the temperature 100.4° F. There were no choreic movements. Examination of the heart revealed a loud, harsh, systolic apical bruit which was audible at the angle of the scapula. The second sound at the left base was accentuated. A few rhonchi were detected in the lungs. Her skin was hot and dry. She was ordered 10 grains of salicylate of soda every two hours. On September the 1st her medicine was reduced to every four hours, as she was sick after it, but the pain had greatly abated. The urine was loaded with urates. The left shoulder joint was attacked after the commencement of the salicylate. The temperature had fallen to the normal by the 27th. On September the 8th, although quite free from articular pain and fever, yet there was great distress of breathing and considerable praecordial anxiety. The respirations had not increased in frequency, and the pulse showed the same number of beats and was regular. The cardiac impulse was much diffused. It was felt in the 6th interspace, half an inch outside the nipple line. A systolic thrill was felt in the 4th interspace. There was a galloping murmur, systolic and presystolic in point of time. The liver was greatly enlarged, and its lower edge reached as far as the umbilicus. The spleen was not enlarged. Her ankles were now oedematous. The urine was free from albumin. She was ordered a mixture containing digitalis and iron, and calomel and jalap powders were prescribed. By September the 11th she had been twice

sick after the digitalis mixture. The pulse had now assumed a peculiar form: alternate periods of from 10 to 20 beats succeeded one another with great regularity; one set of beats was about 120, the other about 60 to the minute. Within each cycle the rate and rhythm were fairly constant. The respiratory movements did not undergo any corresponding change. She died quite suddenly on the morning of the 12th.

Autopsy.—On opening the thorax the great veins were found much distended, and the heart, whose apex was in the sixth interspace outside the nipple line, much enlarged. A few drachms of serum escaped from the pericardial sac. The right auricle and ventricle were distended to their utmost by soft currant-jelly clot, which extended into the pulmonary artery. The cavity of the left ventricle was similarly distended, and a smaller quantity of similar coagulum was found in the left auricle. The pulmonary and aortic sigmoid valves were healthy. Both auriculo-ventricular orifices were much dilated and admitted four fingers with ease. There was not a trace of endocarditis either on the valves or lining membrane of the heart. The muscular substance of the ventricular walls was rather pale but not friable. Here and there yellowish dots and striae were seen. The tips of the musculi papillares, especially those in relation with the mitral valve, were much spotted with yellowish deposits about the size of a pin's head. Under the microscope a portion of the ventricular wall, taken at random, appeared quite healthy. On examining a dotted fragment it was seen that the muscular fibres, in certain small areas, had entirely disappeared, their place being occupied by countless oil globules of various sizes. Where it existed the change was extreme in degree, though markedly circumscribed. Both lungs were extremely oedematous, but nowhere consolidated or even engorged. Some not very recent adhesions were found over the right upper lobe. Many old, dry cheesy deposits were found in the bronchial glands. The liver was greatly enlarged, of a deep purple color externally, with a thick rounded edge which reached to the level of the umbilicus. The hepatic veins were loaded with blood. On removal of the blood by pressure, the cut surface of the organ showed a finely reticulated pattern with meshes of a grayish semi-translucent hue, the contained islets being yellow. A microscopic section of the fresh organ was masked by innumerable oil globules. Where the hepatic cells could be seen, they appeared healthy. The spleen was dark, not soft or much swollen. The kidneys were healthy, but the pyramids were intensely congested. The other organs did not present any abnormality.

GONORRHŒAL RHEUMATISM IN THE NEWLY BORN.

By Hugh A. Cuthbertson, M. D.,
Chicago, Ill.

THIS case occurred in the practice of Dr. William Cuthbertson: The child was born on August 17, 1895, and two days afterwards developed a severe purulent ophthalmia. The mother had a leucorrhœa for three months before the child was born, and the father had a gonorrhœa, which was apparently well at the time of the child's birth.

The eyelids were greatly swollen and distended with pus. They were washed hourly with a saturated solution in water of boracic acid; then an application of a 2 per cent. solution of nitrate of silver was made; and finally they were washed with a normal salt solution. In five days the eyes were perfectly clear and the lids were nearly normal.

Four days after birth the nurse noticed that the child screamed when its arms or legs were moved. Finally the wrists, elbows and knees became swollen and red, and it was evidently suffering from an acute gonorrhœal rheumatism.

It died on the seventh day from a septic entero-colitis.

A Case of Fulminant Purpura.—Pucci (*Gazz. degli ospedali e delle clin.—Centralblatt fur innere Medicin, 1896, xvii, No. 21*) reports this case: A boy, 7 years of age, contracted measles, which were complicated by a suppurative parotiditis dextra, which was evacuated on the 13th day, discharging healthy pus, and reducing the fever. Two days later there followed an attack of epistaxis, rise of temperature, hemorrhages from mouth, rectum and bladder. On the following day his whole body was covered with purpuric spots, confluent in part, accompanied by pains in the limbs, apathetic condition, with a temperature of 39° C., pulse 120, extreme anaemia and enlarged spleen. In spite of medication with liquor ferri, ergot and gallic acid, he died forty-eight hours after the appearance of the ecchymotic spots. P. notes that this case is somewhat different from Henoch's purpura fulminans; in the latter cases there was an absence of hemorrhages into the mucous membranes, while Jackson had repeatedly noticed them in purpura fulminans. Sections and bacteriological examination are missing for the completeness of history.

PRACTICAL NOTES.

Bathing.—The newly-born babe must not remain uncovered for any length of time. The nurses who spend—with more pedantry, emphasis and self-consciousness than intelligence—much unnecessary time in oiling and soaping and washing and bathing, turning this and that way, drying the surface, wrapping the navel, applying the bandage, and dressing the newly-born in fineries, in which it finally arrives, shivering with a cold nose and blue feet, are not infrequently the causes of ill-health or death. In a case recently seen, the pneumonia of the newly-born was undoubtedly due to the fact that the baby was neglected while both physician and nurse were engaged about the fainting mother. Craig must have seen many such cases, for with him, "no baby is ever washed, dressed, fed, tied up; the cord is not wrapped up, but the infant is anointed with fat and wrapped in flannel the first twenty-four or thirty-six hours."—A. Jacobi.

Prescribing for Children.—From prescribing drugs which they seldom see practitioners are apt to overlook the nauseousness or the unsuitable bulk and consistence of the materials they employ. The point is of importance chiefly in the case of children, who in this way are made to endure much needless torture. Certain tastes which are very unpalatable to children may be easily disguised, as scammony and castor oil with milk, senna with chloric ether, and the decoction of aloes with liquorice. Of certain drugs the saccharine preparation should be selected; to others sugar, or the infusion of roses or cloves, may be added. Bulky powders should be avoided, and the dose of fluids should not exceed 1 or 2 drachms. There is a legitimate distinction to be drawn between the medication of children and the medication of adults. To the child the process can hardly fail to be grievous; it never affects his imagination except unfavorably. We properly withhold it as far as possible. With the adult the taking of medicine always excites a pleasing hope, and no

one can doubt that, in some instances, the mere belief in it is of itself salutary.—Dr. Octavius Sturges, "Clinical Medicine."—*Practitioner, 1896, lv, 676.*

Seborrhœa.—In seborrhœa, particularly of the scalp, resorcin is one of our most useful remedies; being odorless and practically colorless, it makes an agreeable application to the scalp—much more so than sulphur, which is so frequently prescribed. In the treatment of seborrhœa capitis, the following oil will be found to be an agreeable and efficient application:

℞ Resorcin, gr. xx;
Alcohol, f 3 ij;
Petrolat, f 3 vj.
M.

A small quantity of this should be thoroughly rubbed into the scalp with the fingers or a small sponge every night at first, later every second night. It should not be prescribed, however, for those with very light hair, since it causes a slight but noticeable discoloration. —Hartzell.

Danger from Direct Insufflation of the Lungs in Asphyxia of the Newly Born.—H. Reich has the case of a consumptive midwife who was reported to have infected twelve infants with acute tuberculosis in thirteen months. In the practice of another midwife, who was healthy, in the same town, no such case occurred. During nine previous years there were but two cases of tubercular meningitis, and but one in the year following the death of the consumptive woman.—A. Jacobi.

Emulsion of Bromoform.—

Bromoform	48 drops
Expressed oil of almond	20 gm.
Powdered tragacanth	2 gm.
Powdered acacia	4 gm.
Cherry laurel water	4 gm.
Distilled water	120 ccm.

Add the bromoform to the oil of almond and emulsify with the gums after the usual method. This affords a good method of administering bromoform in a palatable form.—*Am. Druggist, 1896, xxviii, 326.*

For Ringworm.—An ointment of resorcin containing thirty to forty grains to the ounce is serviceable in the treatment of the various forms of trichophytosis. Although it is not superior to

other remedies of this class, it has the advantage of being a cleanly application, far more so than sulphur and tar which are so commonly employed as parasiticides. In tinea versicolor an alcoholic solution, twenty to thirty grains to the ounce, may be painted over the affected area with a large camel-hair brush nightly, until free desquamation takes place. If the disease is not completely cured when desquamation is completed, the application may be repeated a second or third time.—*Hartzell, Therap. Gaz., 1896, xx, 363.*

Haematoma of the Sterno-Mastoid Muscle.—When observed at an early period the local application of ice may reduce the bleeding. For a week, after ceasing the employment of ice, small pieces of cloth moistened with cold water will check the secondary inflammation to a certain extent. During all this time the head must be kept quiet—best perhaps by carrying the baby on a hair pillow large enough to support the whole body, head included. When the tumor has time enough to become hard, it may last for years; when it is large, it may give rise to a slight torticollis. Then gentle stretching and massage, the application of a mild galvanic current, and the inunction of an absorbable ointment of iodide of potassium may be tried to advantage.

℞ Potas. iodidi,
Aquae, āā, 1.
Adipis, 2.
Lanolin, 6 to 8.

Mix. Sig.—Use externally.—A. Jacobi.

Book Review.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF INFANCY AND CHILDHOOD.

By J. Lewis Smith, M. D.,

Professor of Diseases of Children in Bellevue Hospital Medical College; Visiting Physician to the Foundling Hospital and to the Infant Asylum, etc.

Eighth edition. Thoroughly revised and greatly enlarged. With 273 illustrations and 4 plates. Lea Bros. & Co.: New York and Philadelphia.

THE eighth edition of this well-known treatise has received such complete revision at the hands of the author that the volume may be said to encompass all the recent advances made to our knowledge of the etiology, pathology and therapy of the diseases of children. No one can read the book without the conviction that it is the labor of one of the first pediatrists of the nineteenth century.

In many respects the book differs from its predecessors of previous editions. The addition of so much new material has increased the size to a thousand pages; the section on intubation is from the pen of Joseph O'Dwyer; the chapters on diseases of the skin have been produced by the aid of Dr. A. R. Robinson, and the chapter on diseases of the blood by the late Dr. Frederic M. Warner, son-in-law to the author, to whose memory the work is dedicated. In considering the surgical diseases of children, the author has had the aid of Prof. Stephen Smith. Mere mention of these names will show that the parts of the work to which they have given their aid are thorough, comprehensive and altogether reliable as a reflection of the most scientific opinion of the day.

The chapters of the book which show least change are those devoted to the general hygienic supervision of the mother and the child. They have long been considered models in point of style and substance. The chapter on artificial feeding is brief, practical and scientific, one which the student can read and rise from with clear ideas not only as to the preparation of artificial foods and their relative nutritive value, but as to their administration as well. The section devoted to weight, growth, temperature, pulse and respiration of the child, contains tables not only of value to the practicing physician, but they are of real scientific interest Perhaps the only disappointing feature of the book is the lack of definite expression of opinion concerning the value of antitoxin in the

treatment of diphtheria. The author's opinion on this subject, if given unreservedly, would have large influence with the profession, especially with those who are acquainted with his faith in therapeutic measures after his experience has once proved their usefulness. He advances cautiously the favorable results as shown by statistics based on this method of treatment, but robs them almost entirely of expression of his own individual experience.

The chapters on the common eruptive diseases of childhood are surprisingly inclusive of the more recent contributions that have been made to these subjects, and here, as well as throughout the book, are seen the evidences of the author's wide reading, catholic taste and critical faculty.

The chapters on nervous diseases have likewise been most extensively remodeled, and now when this portion of pediatrics has special treatises of its own, it is gratifying to see a general textbook on pediatrics equally up to date with them in almost every particular.

A new chapter is one devoted to the subject of myxoedema, to which we regret the author has given the general name of cretenism, followed by myxoedema in parenthesis. Cretenism has a wider application by far than myxoedema and we see no reason why the term should be used as descriptive of one form.

The chapter on myxoedema might have been followed profitably by one on idiocy, its forms and classifications, a subject which has been very much neglected in this country.

This, with the absence of any consideration of speech defects, particularly a comprehensive consideration of aphasia, are the only shortcomings which we believe exist in this splendid work. It can be recommended to students with the same confidence that it will be for them the most reliable guide from which to gain a knowledge of the diseases of children, and to practitioners with the same assurance that they will find in it a mine of experience that it has been heretofore. It must be pleasing to an author to have such tangible expression of appreciation by the profession of one's work as an eighth edition. It is no less pleasurable for the reviewer to be able to say that such eighth edition is the peer of those that have gone before and deserving of continued favor.

Abstracts.

ANGINA SCARLATINOSA.

L. Hain (*Przeglad lekarski, 1895, No. 38-Centralb. f. innere Medicin, Vol. 17, No. 21*) divides scarlatinal sore throat into two varieties: Angina catarrhalis and angina necrotica, falsely termed diphtheria scarlatinosa. The latter is distinguished from true diphtheria (1) by its predilection for the tonsils, the bands of the uvula and the palatal arches. The larynx and trachea show no changes. (2) The necrotic form of angina is never followed by paralysis; and lastly (3), Lœffler bacilli are never found in this necrotic form.

To prove bacteriologically these differences, the author very carefully subjected twenty cases of angina scarlatinosa to bacteriological investigation, and the following results were obtained:

(1.) In cases of scarlet fever with angina catarrhalis usually the staphylococci are found, seldom streptococci.

(2.) In cases of scarlet fever with angina necrotica, besides the staphylococci, there were found very numerous streptococci. We must therefore discriminate between two kinds of infection (a), those with a preponderance of one variety of bacteria, usually a staphylococci infection, while other forms of bacteria are not at all found, or their number is so small as to be ignored. (b) A mixed infection where, besides staphylococci, there are also found quite numerously streptococci. The necrotic form of the scarlatinal angina, being a mixed infection, is also the more severe form, and both its course and death-rate (25 per cent.) justify this view.

For the lethal consequences the author mainly holds the streptococci responsible, as experience teaches us in diphtheria. Roux and Martin injected antitoxins into animals which had first been treated with both Lœffler and streptococci cultures. The course of diphtheria was a very severe one in these cases, and in spite of the antitoxin injections the animals died.

Although, as yet, a specific scarlet fever bacillus is unknown, still there may be drawn a positive conclusion as to the course of a certain case of scarlet fever by making a bacteriological culture of the accompanying angina, the earliest symptom of the disease.

ANTITOXIN BY ELECTROLYSIS.

Bolton and Pease, before the Association of American Physicians, gave (*Med. News, 1896, lxviii, 541*) the results of their

trials, which were quite uniform—and a summary only was given. A weak current (44-72 milliamperes) was passed for twenty hours through a solution of diphtheria toxin, with such effect that ten times the minimum fatal dose of this solution could be injected into guinea-pigs without serious effect. The curious fact was discovered that the antitoxin was formed only at the positive pole, although the toxin was destroyed at the negative. A thoroughly efficient and active antitoxin can thus be produced, although the reader stated in reply to questions from Drs. Sternberg and Smith, that it was doubtful whether it could be used for practical purposes, as the solution was too dilute, and hence the dose too bulky. D'Arsonval had just reported an antitoxin produced by high currents which was said to be much more powerful. There was a curious difference between the two currents, the constant simply destroying the toxin by electrolysis, while the intermittent, in the same solution, would produce an abundance of antitoxin.

TREATMENT OF WHOOPING COUGH BY BALLOONING THE RECTUM WITH CARBONIC ACID GAS.

A. Rose (*N. Y. Med. Monatschrift, 1896, ix, 2*) says that Bergeon has used carbonic acid gas since 1887 in the treatment of whooping cough, using his own apparatus for ballooning the rectum with the gas. The operation should immediately follow an attack of the paroxysm, provided three hours have passed since the last meal was taken ; the child may, however, take nourishment soon after the gaseous enema, as the carbonic acid gas has no action whatever on the digestive process. At least four hours should intervene between each treatment. Bergeon claims that even the most distressing cases are cured within one week. Not much notice has been taken of this method of cure, probably for the reason that Bergeon's carbonic acid enemas for the cure of consumption did not fulfil our expectations.

Dr. Rose has treated about fifty cases by this method, and in the majority of cases the report to him has been a marked amelioration at once of the numbers and characters of the attacks, so that within eight to fourteen days the children were totally free from whooping cough. He reports a number of cases, in which the results of treatment are very gratifying.

As to the manner in which the remedy acts, his explanation is the following : Carbonic acid gas diffuses itself by way of the venous system into the lungs and is expired. Physiological observa-

tions have demonstrated that during inspiration and expiration the upper and larger air passages are being ventilated, while the exchange of carbonic acid gas and oxygen is being consummated by diffusion in the alveoli of the lung, and here the phases of breathing are nearly quiescent. We find a continual tendency of the carbonic acid gas upwards, and of the oxygen in the opposite direction. A necessary sequence is that the air in the respiratory organs, passing from the mouth to the lung alveoli, contains less and less oxygen and more and more carbonic acid gas. The probability is that in whooping cough the carbonic acid gas given by the rectum partially or totally produces a cure by its anaesthetic property. The apparatus used by Dr. R. consists of a flask, of the capacity of about one pint, with wide mouth, closed by a perforated rubber cork. Through this perforation is passed a glass tube, whose outer end is connected with a rubber tube, on which is fastened a rectal tip. The flask is filled to about one-third of its capacity with water; the free end of the glass tube reaching within one or two inches of the surface. About six drachms of bicarbonate of soda having been previously dissolved in the water, and now one-half ounce of large crystals of tartaric acid is added to it. Quickly close the bottle and pass the rectal tip into place. When meteorism becomes marked and a tension of the abdominal walls is noticed, the tip is removed. The enema may be repeated as long as gas is evolved in the flask.

FOETAL SYPHILIS.

H. Albers (*Munch. medic. Wochenschrift, Vol. 43, No. 19*) says that there is still a difference of opinion whether an habitual abortion or foetal death occurring during the latter half of pregnancy (if we except mechanical injuries) has for its basis any other cause than syphilis. This difference is explained by the great difficulty of excluding the disease in *both* parents. Not infrequently one is surprised to find the first child of seemingly perfectly healthy parents prematurely born in a *macerated* condition before term. Is one justified at once to diagnose syphilis as the cause, and energetically to subject the parents to anti-syphilitic treatment, or shall we trust to the truthfulness of their recollection and await the results of a second pregnancy, thereby proving or disproving the habitual element of the abortion?

The situation becomes even more difficult if the physician is asked whether a woman who has carried a macerated syphilitic foetus should be considered as infected and accordingly treated.

Let us consider first the diagnosis. The wrongly termed "decomposed," more correctly called "macerated" or sanguinolent foetuses, which are so extraordinarily similar and show a marked characteristic type, are divided by Ruger into two large groups, which he calls the sanguinolent syphilitic and the sanguinolent non-syphilitic. Ruger found that by weighing the liver and spleen of sanguinolent non-syphilitic children and comparing their weight with the weight of these organs in sanguinolent-syphilitic children, in the latter the weight of the spleen was much greater and that of the liver nearly twice as great. He concludes that when the proportionate weight of the spleen, compared with that of a healthy child, is 1:170, we must admit a syphilitic infection. Birch-Hirshfeld arrived at the same conclusion. After giving tables of experiments of his own the author continues, of the same importance is the question, what effect the macerated foetus has on the mother? It is not sufficient to look for florid luetic symptoms, but a very thorough examination for latent stigmata or old syphilitic marks is necessary. Palmer (*Deutche medic. Wochenschrift, 1895, No. 5*) mentions, amongst others, one very important symptom. This consists in pigmentless macules found on the great and small labia, around the anus, in the genito crural folds and occasionally on the mons veneris. Occasionally they are slightly raised, sometimes they lie slightly below the level of the skin. These spots mark the site of former papules or condylomata, possibly even the primary sores. These macules are exceedingly persistent, and are of great value in making a retrospective diagnosis after many years. It will be necessary in most cases to shave off the hairs in the region of the mons veneris, as these may totally conceal them from view. The differential diagnosis between the vitiligo, however, must be sometimes made, the latter can easily be recognized by their much lighter color.

ON THE SUBCUTANEOUS INJECTION OF CORROSIVE SUBLIMATE IN THE TREATMENT OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Consalvi (*La Semaine Médical, 1896, No. iv, 16-14*) had occasion to observe nine cases of epidemic cerebro-spinal meningitis and treat them with hypodermics of corrosive sublimate solution, following the example of Dazios in these affections. The injections were made in the buttock, and the dose was from 0.005 to 0.01 according to age. The patients were between 14 months and 19 years of age.

At first the injections were made daily, later, as improvement was noticed, every second day. Only one death occurred in these nine cases, namely, a girl 7 years of age, who had at first improved after the injections. In the other cases the first symptom denoting improvement was the cessation of vomiting. Later on the excitement, cephalalgia, herpes labialis and stiffness of the muscles of the neck gradually disappeared. The latter symptom, only after the 7th or 8th injection. Consalvi ceased to make further injections in the first two patients treated by him when these results were obtained, but full convalescence did not take place in these cases until after forty days, during which time a slight intermitting fever with some headache was still present. Consequently he continued giving the others 3 to 4 injections every two days, even after the disappearance of the neck stiffness, and a much earlier recovery was noted. The corros. sublimate was very well borne, only two girls aged resp. 7 and 14 years, contracted a slight mercurial stomatitis after the 10th injection, and one a slightly bloody diarrhoea after the fifth injection. These phenomena, however, passed off very soon. Besides the sublimate injections, Consalvi also employed leeches and ice, frequent purgatives (calomel) and as a sedative potass. bromide. In adults he used morphine injections.

After stopping the injections he ordered potass. iodid. for hastening resorbtion of the exudate, and for the elimination of the mercury.

ERYTHEMATOUS INFLAMMATION OF THE BORDER OF THE TONGUE IN INFANTS AT THE BREAST.

Wertheimber (*Archiv. f. Kinderheilk, 1896, xx, 344*) says that the disease begins at the tip of the tongue, which becomes deeply red, and whose papillae become very prominent ; single spots of a duller hue, denuded of epithelium, then appear.

In a short time the inflammation spreads along both sides of the tip of the tongue, they become markedly swollen and rise above the plane of the surrounding tissue, at the same time being sharply divided from the normal parts by their marked redness. The process confines itself very constantly to the tip and its neighboring borders (mainly appearing on the under surface) to about the anterior third of the tongue, by which the whole process differentiates itself notably from stomatitis catarrhalis and the initial erythema of sprue. Neither is there a formation of vesicles in these cases, nor an exudative or mycotic deposit on the diseased part.

The retrogression of the disease begins at the tip of the tongue, so that toward the end of the inflammatory process there remain, mainly on both anterior borders of the tongue, isolated, prominent reddish patches, which also gradually fade away.

The duration of this process seldom exceeds 8-10 days, under proper treatment. The cases observed by the author up to the present time were exclusively found in artificially nourished, somewhat weakly infants, but otherwise in good health, of the ages of 7 weeks to 4 months. Dyspeptic symptoms were not present in any of the cases. As nursing is painful to these little patients, many of them had lost quite considerably in weight, owing to their not receiving sufficient nourishment. The cause of the disease is to be referred to mechanical irritation from the act of suckling, which produces erosions of the tender epithelium of the tongue. The treatment is the ordering of a soft, elastic and scrupulously clean nipple, having a large perforation. Nothing else besides this is necessary, but the frequent flushing of the parts affected with a solution of borax (4 or 5 per cent.).

OXYURIS VERMICULARIS IN CHILDREN AND ITS TREATMENT WITH NAPHTHALIN.

Aur. Schmitz (*Jahrbuch f. Kinderheilk, xxxix, 2 and 3*) enumerates the various inconveniences which may be produced by oxyures vermiculares—the irritations produced in the rectum and anus are mentioned, and stress is laid on the fact that these worms may produce prolapsus recti in children, that even rectal fistula may follow the irritation caused by these oxyures to the mucous membrane. It is also pointed out that they may give the first incentive to the habit of self-abuse. Occasionally they are the cause of convulsions, epileptic or eclamptic seizures. As regards the treatment, he revived the experiments of Ungar with naphthalin. The results were as follows: In 46 cases the cure seemed to be accomplished twenty-six times. In the remaining 20 cases a cessation of the symptoms complained of was obtained, but no permanent result secured. The naphthalin was well borne, and only in one case a quickly-passing strangury was produced. The medicine was given as follows: After the use of a thorough purge, naphthalin in powder was administered four times daily until eight doses had been given, then a pause of eight days was made, and the same doses repeated. The size of the dose varied from 0.15 grm. to a child of 1½ year old to 0.4 grm. to a boy 12 years of age.

HABITUAL CONSTIPATION IN INFANTS.

DURANTE (*Archiv. f. Kinderheilk, 1896, xx, 3 and 4, 254*). There are many causes which acting together produce defective action of the bowels in infants. The sigmoid flexure is proportionately of much greater length than in the adult, the nervous forces also are not yet as well regulated, so the child does not feel the need of an evacuation. The infant lies most of the time in a horizontal position, very frequently it is drugged, on account of restlessness, with all kinds of medicines, and frequently opiates are used, which add to the trouble. Furthermore the constipation may be due to other diseases—rhachitis, etc. The most important cause, however, is the feeding of the infant with food deficient in fat. The feces of the baby consists of fat and casein ; it is therefore of importance that the food should contain an excess of fat, so that the necessary quantity of fat can be here produced, and through this the feces obtain their plastic condition. From a deficiency in fatty matter, the contents of the lower bowel will become dry and hard, and hence difficult of expulsion. The milk of woman contains about 4 per cent. of fat, cow's milk only about 3.5 per cent. If the latter is mixed with an equal quantity of water, the percentage of fat falls to 1.75 per cent., and according to further dilution still lower. Other preparations in place of mother's milk, the different children's foods, add the difficult digestion of starch on to the absence of fatty matter, and therefore they are even worse as articles of diet than cow's milk, and readily give rise to diarrhoeas following their constipating effects.

RESEARCHES ON THE AETIOLOGY AND PATHOGENESIS OF THE ACUTE NON-DIPHTHERITIC FORMS OF ANGINA.

A. VEILLOR (*Archiv. f. Kinderheilk, 1896, xx, 3 and 4, 248*). As belonging to the acute non-diphtheritic anginas, the author enumerates the catarrhal, pseudo-membranous, and phlegmonous forms. Among twenty-two cases of these anginas, author has found 10 to be of the catarrhal form, 7 of the pseudo-membranous, and 5 of the phlegmonous. The writer gives the history of the anginas in their generality, and then enters minutely into the technic of their diagnosis, showing how the microscopical and bacteriological examinations should be made. The latter consists in making cultures in different media, like gelatin, agar, serum, bouillon, potatoes,

and inoculating the exudate into mice, rabbits and guinea pigs. The following are the conclusions arrived at from the study of these 22 cases :

1. There are found pathogenic microbes in the throats of patients suffering from non-diphtheritic sore throats.

2. These pathogenic microbes consist of :

(*a*) the virulent streptococcus pyogenes,

(*b*) the more or less virulent pneumococcus,

(*c*) the staphylococcus pyogenes.

3. The streptococcus pyogenes was found in each one of the twenty-two cases of angina.

4. The streptococcus pyogenes was in most cases found associated with the pneumococcus, and in a few cases with staphylococci. In five cases the streptococcus alone was present ; the latter, therefore, seems to play the most important role in these anginas.

5. The bacteriological results were the same, although the cultures were made with reference to clinically different anginas.

6. These anginas, which are diverse in their appearances, seem to be of the same nature. Every one of them is produced by the streptococcus pyogenes alone, or associated with the pneumococcus and staphylococcus. The clinical and anatomical differences are due in part to the location of the pathogenic microbes, which spread themselves on or in the mucous membrane, or in the submucous cellular tissue ; in part they depend on the virulence of the micro-organisms and the susceptibility of the patient. The very same micro-organism may produce a superficial, simply catarrhal inflammation, or a fibrinous exudate, or a phlegmonous process. It may also become generalized and cause arthritic inflammations, skin eruptions or produce death by septicaemia.

7. The streptococcus of these anginas is identical with the streptococcus pyogenes or that of erysipelas.

8. The streptococcus of these anginas is to be differentiated from the streptococcus of the saliva, which is present in every normal pharynx and is not pathogenetic.

9. The streptococcus of the saliva, which can easily be obtained from the culture of the exudate in the pharynx of the patient, has been the cause of innumerable mistakes, which have obscured the question of the streptococci of the anginas.

10. There may possibly exist some forms of angina which are due exclusively to the pneumococcus or to other microbes, but they must needs be very rare, as not one case was observed in these twenty-two.

ELECTRO-THERAPY IN PERITONEAL EFFUSION OF CHILDREN.

DURANTO DURANTE (*Archiv. fur Kinderh., 1896, xx, 3 and 4, 257*). Following the success of De Renzi in causing absorption of pleuritic and pericardial effusions by means of the electric current, Walker made of use this method in peritoneal effusions. He used pretty strong currents of 50-70 ma. To make these bearable he placed one cotton pad saturated with a 10 per cent. solution of bicarbonate of soda under the positive pole, and one saturated with a 5 per cent. solution of tartaric acid under the negative. The positive electrode was placed on the abdomen, the negative at times on the nape of the neck or on the back. With this treatment Walker was enabled to cause absorption of ascites which had resisted cure by all other means, including frequent punctures. Encouraged by this successful issue Durante determined to apply the method in similar cases. The result was not particularly encouraging; only very strong currents produced a diminution of the abdominal fluid. It is to be regretted that M. Durante does not mention the exact intensity of the current used, only stating that he used one of 10-14 elements. The intensity of the current used by De Renzi of 50-70 ma. is extraordinarily strong; it is very dubious whether this could be used without harm to the child. The researches of M. Durante include four cases of chronic effusion into the peritoneal cavity. The first case was a girl, five years of age, in whom after thirty daily treatments by the electric current a nearly total disappearance of the effusion was accomplished. However, the general condition of the girl had gradually become lowered, and death took place a short time after treatment. In case two, tumor of the liver in a boy 5½ years old, the same result was obtained with thirty treatments in so many days. In the third case, also a tumor of the liver in a boy 7 years of age, only weak currents were borne; no marked improvement was noted. In case four, boy 4½ years old, a number of tumors were present beside the effusion; the current was also badly borne and no result obtained. Though Durante advocates the use of electricity in these cases, he warns the operator not to lose too much time in its application, that the time for surgical interference may not be passed by.

ON CYSTITIS IN CHILDREN, CAUSED BY THE BACTERIUM COLI COMMUNE.

ESCHRICH (*Archiv. fur Kinderheilk, 1896, xx, 3 and 4, 277*). While the cases of cystitis caused by the bacterium coli observed thus far

were exclusively found in adults, and particularly in males, it has also occurred in Eschrich's practice in ten cases of children, and exclusively in girls. The urine has a markedly acid reaction and contains no albumin, or only a trace. On allowing it to stand, a copious sediment consisting mainly of pus cells is deposited. Even in the unstained preparation rod-shaped bacilli with rounded extremities are discovered in each drop of the urine, some of these being single and others in pairs. Most of these are free, but toward the end of the disease they are also found inclosed in the pus cells. Further investigation as well as culture demonstrates them to be undoubtedly members of the group of coli bacilli.

Besides the slight local distress, the health of older children was not much deranged ; in one case there was a remitting fever which at one time rose to 40° C. ; an infant of six months presented fever, restlessness, paleness and marked disturbance of the general health. These symptoms disappeared under proper treatment ; in one case they ceased spontaneously after a duration of eight weeks. The treatment was irrigation of the bladder, with a very mild but slightly milky solution of creolin. Salol, in doses of 0.5 grm. a day, was administered two to four times.

The author considers the irrigation, however, as the most effective and least harmful treatment. He believes that the bacteria gain entrance to the bladder from the vagina, by way of the short and relatively wide female urethra.

PUNCTURE FOR HYDROCEPHALUS.

Fr. Schilling (*Münch med. Wochenschr, 1896, xliii, 8—Centralblatt fur d. g. Therapie, 1896, xiv, 114*) reports four cases of hydrocephalus on which he operated :

1. A girl, 1½ years of age, was taken with convulsions, a month after an attack of influenza. The skull increased in circumference (57 cm.) the fontanelle was tense, slight convergent strabismus, vomiting, but no spastic symptoms made their appearance. Puncture and aspiration of the left lateral ventricle was performed and 300 cm. of fluid was removed. This operation was followed by severe convulsions and great collapse. In eight days the operation was repeated, and 270 cm. of fluid was evacuated. Dimension of head now 45 cm. Recovery took place under internal medication with phosphorus. Since the operation three years have passed. Circumference of skull at the age of 3¾ years is 52 cm.

2. A boy, with congenital hydrocephalus, was aspirated during the sixth and eighth week, and each time 1,200 cm. of fluid was removed. Death occurred in the thirteenth week of his life. Circumference of skull, 75 cm.

3. A boy, bottle-fed, age 7 weeks, convulsions; circumference of skull, 37.5 cm. On account of stupor puncture was made. The left ventricle was found dry, the right yielded 2.3 cm. of bloody serum. Marked improvement followed the puncture. Two months later the child developed strabismus and vertical nystagmus (albinismus). In this case there is the suspicion of a slowly-developing meningitis, following a septic infection (ritual circumcision).

4. A girl, 33 weeks old, originally suffering with fever and bronchitis, developed convulsions, left hemiplegia, coma and strabismus convergens. Diagnosis of tubercular meningitis was made. Lumbar puncture with aspiration, followed by puncture of the lateral ventricles, was ventured. A gradual removal of 65 cm. of fluid followed. No bacilli could be demonstrated. Improvement, cessation of convulsions, retrocession of the hemiplegia followed. Died four days after operation. Autopsy revealed tubercular meningitis and severe tubercular affection of the lungs. He recommends puncture of the lateral ventricles, as being easy of execution, following it by enveloping the head with a broad rubber bandage, and giving internally cod liver oil and phosphorus.

ESTIMATE OF THE RESULTS OF ARTIFICIAL FEEDING OF INFANTS WITH BOWEL COMPLAINTS DURING THE FIRST YEAR OF LIFE.

Ad. Czerny (*Jahrbuch für Kinderkrankheiten, xli, 3 and 4, 343*) finds it remarkable that in spite of the numerous methods for artificially feeding the infant deprived of breast milk, the results are either totally wanting, or they are recorded in such a manner that it is impossible to judge of their real value. Although sterilization of cow's milk has been in use for a number of years, it is impossible, from the literature on the subject, to know whether or not diarrhœal diseases and mortality have been decreased thereby.

It is necessary, in considering the value of artificial feeding, to take into consideration, (1.) The previous history and present condition of the child. (2.) Quality and quantity of the food, with the manner of feeding. (3.) Increase or decrease of bodily weight

during the use of a certain food. (4.) The functions of the bowels. (5.) Functions of all the other organs of the body. (6.) The conditions under which the observations were made.

In considering the previous history, it is necessary to note whether the infant was prematurely born or carried to full term. The age of the child must be known. Where the children are sick, it is absolutely necessary to know how they have been fed up to the date of their illness and what diseases they have passed through. It is of much consequence to know whether these diseases have been acute, or whether they have suffered for some time with diarrhœal diseases. As long as the question of the sterilization of infants' foods has not been decided, it seems also necessary to take into consideration whether sterilization was done and with what result. A great variety of opinions are still met with as to the quantity of food to be given an infant in one meal, and the intervals in which it should be given. Some allow the baby to be fed whenever it will take it, others claim that it should only be fed every half hour, and still others allow feeding every two or three hours, etc. Now, it is self-evident that all these facts should be carefully recorded. Concerning the quantity given, note should be made as to how much the baby had taken at each nursing; any medicine which may affect the chemical or physiological properties of the food, if given for any ailment, must be carefully accounted for. The knowledge of bodily weight, as to its increase and decrease, is an absolute necessity in judging of the value of any artificial food. The first weighing will inform us in what phase of nutrition the baby was when first coming under observation; then the weight should be taken either daily, or, at any rate, during very short intervals, and this must be continued for a certain length of time to make it of any value. Increase in weight demonstrates that the method of feeding in this particular case is the right one, but it does not follow that loss of weight is always due to unsuitable food; it may be the result of some ailment. From observations of the intestinal functions we may deduce a number of indications for the manner of giving and the kind of nourishment we should give, and therefore these must never be neglected in the record. It is not sufficient simply to note the consistency of the feces. I would particularly draw attention to the fact, says C., that the functions of the stomach and bowels should not only be registered where loss of weight or non-increase of weight is noticed, but also in those cases where increase of weight obtains. The necessity for this is obvious where, after increase of weight for a greater or less period, a disturbance of the

functions of the intestinal tract suddenly occurs. The course of the disease in the latter cases is a much different one in children who had at first gained in weight, but had shown pathological symptoms, as continued vomiting or habitual constipation, little sleep, etc. The importance of a proper as well as an improper diet is only revealed when the condition of the rest of the body is observed along with that of the intestinal tract. When babies with some foods take on bodily weight and get fat, but remain markedly anæmic, you may be sure that the food is not a perfect one. The question whether rhachitis is exclusively due to improper feeding would long ago have been decided if closer observations had been recorded about this subject. In the same manner only can it be ascertained whether the appearance of toxic and infectious symptoms are due to improper feeding, if not only the weight and the functions of the stomach and bowel are taken into consideration in all experiments on the feeding of infants, but the whole anatomy of the child.

Keeping the above points in view, Dr. C. made experiments on a number of children in his clinics. Every child which was brought with symptoms of acute gastro-enteric symptoms was deprived of nourishment for 24–48 hours, to thoroughly free the intestinal tract from every particle of food. During this time, however, they are to receive plenty of water, in the form of teas ; in very severe cases, subcutaneous injections were made with a normal salt solution. When the intestinal tract was perfectly empty, the patient was allowed some nourishment, but only at four-hour intervals, between times receiving only tea or water. The thorough emptying of the intestinal tract is the mightiest auxiliary we have in removing the symptoms of gastro-intestinal disturbances, or in checking their progress. The fear that a child might die of hunger from this treatment, where it is only given water, can be proven unfounded by the fact that the bodily weight does not decrease any more than when nourishment is given during acute affections of the gastro-intestinal tract. According to the latest researches, hydrochloric acid secreted by the stomach acts as an antiseptic. This can only be of sufficient importance when free hydrochloric acid can accumulate in the stomach. In the sick child there being a retardation of the secretion of the acid, it seems necessary to give it time to accumulate. Hence the resumption of nourishment is begun at intervals of four hours.

As nourishment for infants under one year of age, until the present time, cow's milk or goat's milk has been used.

In the first group of cases, the milk used was not skimmed, and

it was diluted with two parts of water and a teaspoonful of sugar of milk added to each portion. Only in very weakly babies was the milk diluted three-fourths. In many cases it was sufficient to dilute it one-third or one-quarter only, to produce some gain in body weight. It is of importance, however, not to change the proportions without some reason, otherwise a relapse very easily follows.

In a much larger group of cases, no gain of body weight was observed under the above treatment. It may be that in these cases either not enough nourishment was absorbed on account of changes in the stomach and intestines, or else not enough nourishment was retained on account of the small quantity the child would take, or the greater part was again vomited. In these cases the indication is not to increase the amount of milk at once, but to wait. Should the cause be an inability of the mucous membrane of the stomach and bowels to digest the food, this can be discovered by an examination of the stools, which will be of a pasty character. Of all constituents of cow's milk the digestion of casein is disturbed in the most marked manner. Therefore the milk must be still further diluted, or else barley or rice water are substituted.

In contradistinction to those cases where bodily weight is influenced in a short time, there are some where this cannot be accomplished in weeks or months. There have been some cases noted repeatedly where there was no gain or loss for two to three months, when, of a sudden, after the gradual subsidence of the general toxic and infectious symptoms, a rapid and continuous increase in weight was observed.

In the fourth group, there is a continual vacillation both of the symptoms of disease and of the weight for weeks or months; these children suddenly succumb to an exacerbation of their bowel complaint. An explanation is furnished by the great damage done to the function of the stomach in such children. The secretion of free hydrochloric acid is so small that its antiseptic influence is not brought to bear, and slight contaminations of the food with bacteria, which are of no importance in a normal stomach secreting sufficient hydrochloric acid, result in an exacerbation of symptoms and increased intestinal catarrh, to which they succumb at some time.

In conclusion, a number of cases must be mentioned where not the slightest improvement is obtained, but any attempt to nourish with cow's milk rapidly increases the complaint. All of these died, with continuous loss of weight. There was always present a high degeneration of liver tissue. Knowing that the liver acts as a de-

stroyer of some poison in the economy, the lethal ending of these cases is not surprising. He does not think that children belonging to this last group could be saved by any form of infant food.

TREATMENT OF SCARLET FEVER BY ANTI-STREPTOCOCCUS SERUM.

A. Marmorek (*Wiener Med. Wochenschr, 1896, xlvi, 7, 250*). This publication is a resume of studies made in 96 cases of scarlet fever in the Hôpital Trouman. It was taken for granted that the secondary infection in the severe cases of scarlet fever was due to the streptococci, and that by means of inoculations with anti-streptococcus serum, this dangerous complication might be avoided. Of the 96 cases four died; these cases, however, had been received only after the duration of the disease for a number of days. In two children who died in spite of the injections there were found present also Loeffler bacilli. The latter were found, together with the streptococci, in 15 other cases of scarlet fever. Two more of the fatal cases were suffering from uraemic poisoning. There was still another death, which was due to a double pneumonia as a complication. The results arrived at were the following : That the action of the serum is only temporary. The injections must therefore be repeated as often as an exacerbation takes place. The most marked effect of the injections is on the glandular swellings and the initial albuminuria. They do not, however, prevent the appearance of purulent albuminuria. He expresses the opinion for the present, that the remedy may do some good in scarlet fever cases.

ON ENURESIS AND ITS TREATMENT.

M. Mendelsohn (*Centralbl. f. d. g. Therapie, 1896, xiv, 49*). Thirty-two cases of enuresis, in its narrower sense, have been observed during the last few years by M., amongst which there were only three cases over 14 years of age. Aside from the many theories held as an explanation of this form of enuresis, it is probable that in the majority of cases the shutting off apparatus of the bladder is not fully enough developed to resist the detrusor muscles when the latter are reflexly excited through the impulse of the will. A deficient development of the prostrate gland frequently accompanies this lack of development. In support of this fact we have the experience that enuresis usually occurs during sleep (enuresis nocturna), and generally during the early hours of the night and morn-

ing; either because at this time sleep is exceptionally sound, or because the bladder is overdistended. In conjunction there may be morbid conditions through which a reflex may be exerted on the bladder, as for example rectal worms, obstruction of feces, masturbation and phimosis.

For the treatment of enuresis, bearing in mind the above causal facts, the following rules are to be deducted: The forming of a habit for the regular emptying of the bladder by day or night, cutting down the quantity of fluid during school hours and in the evening. In particularly obstinate cases the little patients should not be allowed any fluids from the early afternoon, on; particularly should those be excluded which contain alcohol or carbonic acid gas. It is unquestionable that (with an equal quantity of fluid in the bladder) the later the urine comes in contact with the internal orifice of the urethra so much later will the contraction of the detrusor muscles take place. Thus is explained the obvious effect of raising the foot-end of the bed in nocturnal enuresis. The bed should, after obtaining the good effects, be only very gradually lowered again to its horizontal position. Very good results have also been observed from the administration of tinct. rhois. arom. (10-15 drops frequently during the day). In enuresis nocturna one dose in the afternoon and another at night. In very obstinate cases he makes use of the well-known remedy by Trousseau, beginning with a dose of 0.005–0.01 grm. of the extr. belladonna and gradually increasing to ten times the quantity, this to be continued for weeks or even months. Occasionally the belladonna will act better in combination with extr. nux. vom. or strychnia. Chloral hydrat is sometimes of benefit. He does not approve of the different methods of sealing the meatus, nor those means used to keep the children from a sound sleep. Local faradization of the sphincters (by means of rectal rheophors), using a medium strength of the current, also gives some good results. They are to be applied daily for 5-10 minutes during four to six weeks. It will always be of some service to follow hygienic rules, cold washings, cool sitz baths, cool bedding, gymnastic exercises and repressing a too frequent desire to micturate, as much as possible during the day.

POISONING BY PHENACETIN RESULTING IN DEATH.

G. Kroenig (*Centralbl. f. d. g. Therapie, 1896, xiv, 24*) reports this case. An apprentice, 17 years of age, was admitted to the staedishe Krankenhaus am Friedrichshain in Berlin, with a provis-

ional diagnosis of sepsis. He appeared much exhausted, complained of occipital pains, and pains in the region of the liver. Face and body were of a dirty-yellow color, the conjunctivae had a yellowish tint. Temp. 38.8, pulse weak and intermittent, and beat 124 in the minute. Respiration 32 and shallow. Pupils neither dilated nor contracted, reacting to light. No blue line on gums, lungs were found normal, heart dullness normal, heart sounds were faintly heard; they were clear, and the apex beat was felt weakly in its normal position. The liver was somewhat enlarged, of denser resistance than normal. Spleen much enlarged. Abdomen markedly tender to pressure. Some pus was found in right external ear, and drum membrane perforated. There was no oedema or glandular enlargements. Examination of the blood revealed, aside from a great increase of the white corpuscles, a solution of the red globules in different stages, a veritable electrolysis. Accordingly, there was made the diagnosis of infection due to some form of blood poison, with that of probable sepsis. The patient had been given for his occipital pains five phenacetin powders, each containing 1.0 gr., with the caution not to exceed more than two powders a day. Even then the extraordinary pallor of the patient had attracted attention. After three weeks the patient returned, having used four of the powders without getting any relief. He was ordered to continue the same. On that evening the patient took one more powder. During the night he was seized with frequent vomiting spells. Next day patient was found in an extremely weak condition, with a blueish-gray discoloration of face and lips. The urine, drawn with a catheter was thick, of a dark reddish brown color, resembling nearly pure blood. Microscopical examination of the urine did not reveal a single intact, red blood corpuscle, but only red coarse-grained masses. Autopsy showed: Sepsis, methaemoglobinaemia universalis, dark pigmentation of spleen and liver. Tumefaction and hemorrhages into the kidneys. Pigment infiltration and necrosis of the renal epithelium. Double hemorrhagic pneumonia of the inferior lobes. Hypertrophy of the spleen and the follicles of the small intestine. Catarrhal gastritis and diphtheritic ulceration of the stomach. Hyperaemia and oedema of the brain, purulent chronic otitis media. The author is of opinion that the last dose of 1.0 grm. of phenacetin had undoubtedly produced the intoxication of patient, previously suffering from sepsis.

In the discussion following Frankel mentioned two patients who also showed bad symptoms following the ingestion of phenacetin. Two years ago a patient of his, after taking 0.5 grm. of

phenacetin, was seized with stupor and great disturbance of the respiration. Since then he has never given an adult more than 0.5 grm. at a dose. An actress, 17 years of age, who was given 1.0 grm. of phenacetin, died in the same night. He would urge, always to begin with small doses.

Furbringer mentioned that a few years ago one of his patients was thrown into severe collapse from a dose of 0.5 grm. of lactophenin, while others bore doses of 1.0 to 2.0 grms. without any harm. Therefore, he would also recommend small initial doses.

Gerhard observed last winter, in a case of severe articular rheumatism, during the use of all such antipyretics as natr. salicyl., antipyrin, phenacetin, antifebrin, phenocoll, etc., most distressing symptoms and collapse. Only lactophen in doses of ¼ gr. was taken without bad symptoms. He would most urgently recommend careful use of all the antipyretics.

Treatment of Perityphlitis in Childhood.—A. SCHLOSSMANN (*Munch Med. Wochenschr, 1895, 41—Archiv. fur Kinderheilk, 3 and 4, 263*). The main points in medical treatment are the same in children as in adults. The author deprecates the use of laxatives and clysters in the early stage of the disease, as they may hasten the danger of perforation of the vermiform process, and advocates perfect immobility of the gut, an indication which is best covered by the enforcement of absolute rest in bed, ice applications, iced fluid food, and the administration of opiates. Regarding the dose of opium, one need not be anxious on account of its usual danger to children, as it is, according to experience, very well borne in all the inflammatory conditions of the peritoneum. It is impossible to fix the dose, but it should be given according to tolerance, which can only be measured by the behavior of the pulse and the pupils under its influence. In cases where vomiting is a prominent symptom, the narcotic should be administered in some iced fluid, or by means of suppositories. At the conclusion of the article the author mentions the surgical treatment of this disease, and confesses that an early use of the knife meets with his approval.

Correspondence.

BERLIN LETTER.

To the Editor of "Pediatrics."

Tetany.—In Berlin there is much active work being done in pediatrics. Recently, Dr. Hauser, assistant to Professor Henoch, read before the Berlin Medical Society a valuable contribution to our knowledge of tetany in children.

Dr. Cassel discussed the same question some time ago before the Society for Internal Medicine, and, in a recent clinical letter, Professor Baginsky called attention to a series of important symptoms in this disease, which have previously been overlooked. He will make this lecture the basis of a paper which he intends to contribute to Pediatrics.

Anti-streptococcus Serum.—A series of experimental researches with anti-streptococcus serum are being watched with great interest by Prof. Baginsky, the preliminary report of which was abstracted in the May 15th issue of Pediatrics. Through the courtesy of Prof. Baginsky, I will be able to send an early report for your journal. Hans Aronson, whose antitoxin is so well known, has succeeded in obtaining a new anti-streptococcus serum and is making many interesting experimental tests with it.

Rhachitis.—In the management of rhachitis, several important points have been recently brought out, and I hope to send you before long a detailed report of them, as well as a description of an ingenious apparatus which has proved of great value in the treatment of the kypho-scoliosis and other deformities of rhachitis in infants.

"Sonden Palpation" of the Stomach.—Dr. Boas' method of "sonden palpation" seems promising. He inserts a catheter through the mouth into the stomach, and the end of the sound can be felt through the abdominal wall, so that it becomes very easy to map out the position and size of the stomach.

Meningo-coccus.—Prof. Heubner has isolated a new germ which he believes is the cause of certain forms of cerebro spinal meningitis. It is called the meningo-coccus, and although it has been found previously at post mortem examinations, Heubner was the first to isolate and grow it from the fluid obtained from a living

child by spinal puncture. It is a tetragenous diplococcus and is differentiated from that of pneumonia by the great rapidity with which the cultures lose their viability. Injections into animals of pure cultures of the meningo-coccus produce the typical symptoms of cerebro-spinal meningitis.

A new incubator is exhibited at the Gewerbe-Ausstellung, and I shall send you illustrations and a description of it in my next letter.

LOUIS FISCHER, M. D., Berlin.

Pathognomonic Signs of Congenital Syphilis.—P. SILEX (*Berliner Clinish Wochenschr, 1896, xxxiii, 139*). The following is taken from an address delivered before the Berlin Med. Gesellschaft :

The author recognizes three characteristic signs of congenital syphilis. The first relates to the eyes, the second to the teeth, and the third to the skin. As the only real pathognomonic symptom relating to the eyes, he mentions a chorioidea areolaris, in which are found scattered over the fundus, particularly in the neighborhood of the macula, black points and patches, which present here and there white spots of different size, and larger areas with a black border. These represent atrophic colonies in the chorioidea, and pigment patches derived from the pigment of the stroma and pigment epithelium. The retina also being involved, vision in these cases is always very much impaired. Mercurial inunctions and exhibition of potassium iodide effected no change. In a few cases the process, which is rare, remained unilateral. Of the numerous deformities of the teeth usually mentioned, he only considers that one form pathognomonic where the permanent upper incisors present a central excavation, denuded of enamel, beginning on the surface for mastication, and continuing upward in the shape of a crescent. As a sign, which is only found in congenital syphilis, he considers the well-known scars radiating outward in straight lines, which do not confine themselves to the corners of the mouth or to the lips, but radiate further to cheek and chin. The histological examination of a case, which was particularly marked, proved that these lines are not scars in the anatomical sense, as papillae, glands and vessels were well preserved in the tissue under consideration. Very likely the peculiar furrow-like appearances, which are called pseudo-scars by him are due to a muscular tension of the skin. These three kinds of conditions, which were demonstrated by the author both on the subject and through illustrations, are considered by him absolutely pathognomonic. So that the presence of even one of them will lead to a positive diagnosis of congenital syphilis.

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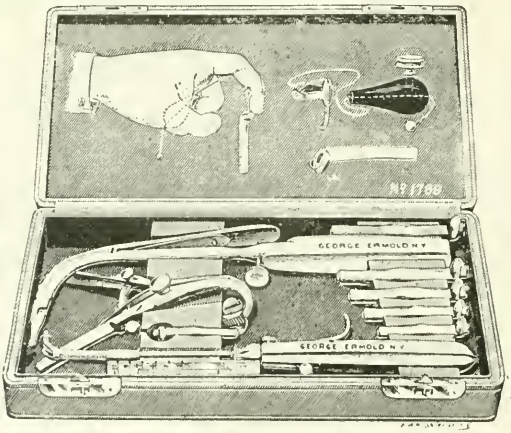

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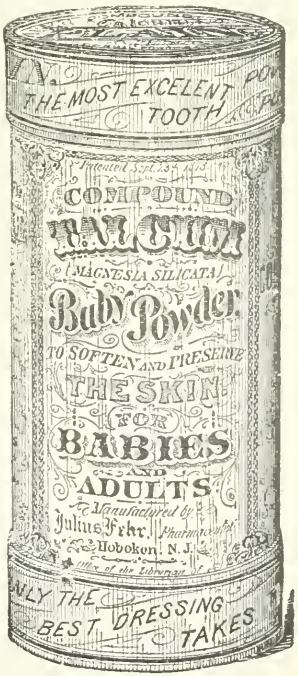

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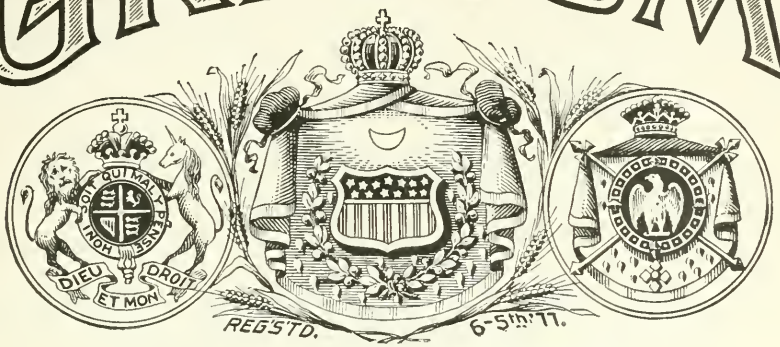

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